

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0002622165** | File Number: **0000170808** | Submit Date: **11/23/2021** | Call Sign: **KVRR** | Facility ID: **55372** | City: **FARGO** | State: **ND**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/23/2021** | Filing Status: **Active**

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
RED RIVER BROADCAST CO., LLC Doing Business As: RED RIVER BROADCAST CO., LLC	Kathy M Lau P.O. BOX 9115 FARGO, ND 58106 United States	+1 (701) 277-1515	klau@kvrr.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
CHARLES R. NAFTALIN , ESQ . HOLLAND & KNIGHT LLP	800 17TH STREET, N.W. SUITE 1100 WASHINGTON, DC 20006 United States	+1 (202) 457-7040	CHARLES.NAFTALIN@HKLAW.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
55362	KNRR	PEMBINA	ND	No
55364	KJRR	JAMESTOWN	ND	No
55372	KVRR	FARGO	ND	No
55370	KBRR	THIEF RIVER FALLS	MN	No

Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No

Additional
Program Report
Questions

Responsibility for Implementation

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Kathy Lau	Chief Operating Officer

Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C. F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	11/23 /2021
Certified Title	Chief Operating Officer
Authorized Party Name	Kathy Lau

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Report 2019-2020.pdf	Applicant	EEO Public File Report	EEO Report 2019-2020	Done with Virus Scan and/or Conversion
KVRR EEO PUBLIC FILE REPORT 2020-21-11192021111211.pdf	Applicant	EEO Public File Report	KVRR EEO PUBLIC FILE REPORT 2020-21	Done with Virus Scan and/or Conversion
Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion